

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD02-0017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/26/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DEANWOOD REHABILITATION AND WELLNESS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5000 BURROUGHS AVE. NE WASHINGTON, DC 20019</b>
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L 000	<p><b>Initial Comments</b></p> <p>The Annual Licensure Survey was conducted at Deanwood Rehabilitation and Wellness Center from March 18, 2019 through March 26, 2019. Survey activities consisted of a review of 68 sampled residents. The resident census during the survey was 283.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p><b>Abbreviations</b>            AMS - Altered Mental Status            ARD - Assessment Reference Date            AV- Arteriovenous            BID - Twice- a-day            B/P - Blood Pressure            cm - Centimeters            CFR- Code of Federal Regulations            CMS - Centers for Medicare and Medicaid Services            CNA- Certified Nurse Aide            COPD- Chronic Obstructive Pulmonary Disease            CRF - Community Residential Facility            CRNP- Certified Registered Nurse Practitioner            D.C. - District of Columbia            DCMR- District of Columbia Municipal Regulations            D/C- Discontinue            dl- Deciliter            DMH - Department of Mental Health            DOH- Department of Health            EKG - 12 lead Electrocardiogram            EMS - Emergency Medical Services (911)            F - Fahrenheit            G-tube- Gastrostomy tube</p>	L 000	<p><b>DEANWOOD REHABILITATION AND WELLNESS CENTER DISCLAIMER.</b></p> <p>Facility submits this plan of correction under procedures established by the Department of Health In order to comply With the Department's directive to change Conditions which the Department alleges are deficient under state Regulations Relating to long term care. This should not be construed as either a waiver of the Facility's right to appeal and to Challenge the accuracy or severity Of the alleged Deficiencies or any Admission of any wrong doing.</p>	5/17/19

Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S ORDER PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Handwritten Signature]*

TITLE

*L 000 HA*

(X6) DATE

*5-01-19*

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L 000	Continued From page 1  HR- Hour HSC - Health Service Center HVAC - Heating ventilation/Air conditioning ID - Intellectual disability IDT - Interdisciplinary team IPCP- Infection Prevention and Control Program LPN- Licensed Practical Nurse L - Liter Lbs - Pounds (unit of mass) MAR - Medication Administration Record MD- Medical Doctor MDS - Minimum Data Set Mg - milligrams (metric system unit of mass) mL - milliliters (metric system measure of volume) mg/dl - milligrams per deciliter mm/Hg - millimeters of mercury MN - midnight Neuro - Neurological NFPA - National Fire Protection Association NP - Nurse Practitioner O2- Oxygen PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POA - Power of Attorney POS - physician ' s order sheet Prn - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey RD- Registered Dietitian RN- Registered Nurse ROM - Range of Motion RP R/P - Responsible party SCC - Special Care Center Sol- Solution	L 000		

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L 000	Continued From page 2 TAR - Treatment Administration Record Ug - Microgram	L 000		
L 051	3210.4 Nursing Facilities  A charge nurse shall be responsible for the following:  (a) Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention;  (b) Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies;  (c) Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed;  (d) Delegating responsibility to the nursing staff for direct resident nursing care of specific residents;  (e) Supervising and evaluating each nursing employee on the unit; and  (f) Keeping the Director of Nursing Services or his or her designee informed about the status of residents. This Statute is not met as evidenced by:  Based on record review and staff interview, the charge nurse failed to revise/update a care plan after the hospitalization of one (1) of 68 sampled residents. Resident #215.  The charge nurse failed to revise/update the care plan after Resident #215 was hospitalized, as	L 051	<b>L051</b>  <b>5/23/19 Corrective Action for the Residents Affected:</b>  1. The facility cannot retroactively correct the deficiency.  Resident #215 was reassessed on 3/25/19 Resident#215 suffered no negative outcome.  2. Education will be provided to facility staff to revise/update the care plan after Resident hospitalization.  <b>Identification of others with the Potential to be affected:</b> All residents residing in the facility have the potential to be affected. 1. Assistant Director of Nursing/Designee will complete house wide assessment /audit of residents to identify potential residents that facility staff failed to revise/ update the care plan after resident hospitalization. 2. Any Issue found will be addressed.	<b>5/17/19</b>

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L 051	<p>Continued From page 3</p> <p>evident below:</p> <p>Resident #215 was admitted to the facility on 12/04/18, with diagnoses that included : Anemia, End Stage Renal Disease, Hypertension, Pneumonia, Diabetes Mellitus, Depression, and Muscle Weakness.</p> <p>On 03/25/19, at 10:00 AM a review Resident #215's quarterly Minimum Data Set [MDS] dated 02/24/19, showed Section C [Cognitive Patterns] a Brief Interview for Mental Status [BIMS] with a score of "15" which indicate cognitively intact. Section G [Functional Status] resident is coded as "1" supervision (oversight, encouragement or cueing) for locomotion on and off the unit.</p> <p>Further review of Resident #215's medical record on 03/25/19 showed the Care Plan was not updated when the resident was hospitalized on 01/03/19.</p> <p>There was no evidence that the charge nurse revised/updated the care plan with goals and approaches to reflect the Resident's hospitalization.</p> <p>The findings were acknowledged during a face-to-face interview with Employee #12 on 03/25/19 at 3:15 PM.</p>	L 051	<p><b>L051</b></p> <p><b>Measures to prevent recurrence:</b> Staff Development will provide education to the facility staff to revise/update the care plan after resident hospitalization</p> <p><b>Monitoring corrective action:</b> Assistant Director of Nursing/Designee will complete house wide assessment /audit of residents to identify potential residents that facility staff failed to revise/ update the care plan after resident hospitalization weekly times 4, then monthly times 3 months. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly for the next 3 months.</p>	5/17/19
L 052	<p>3211.1 Nursing Facilities</p> <p>Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:</p> <p>(a) Treatment, medications, diet and nutritional supplements and fluids as prescribed, and</p>	L 052		

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L 052	<p>Continued From page 4</p> <p>rehabilitative nursing care as needed;</p> <p>(b) Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers:</p> <p>(c) Assistants in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair;</p> <p>(d) Protection from accident, injury, and infection;</p> <p>(e) Encouragement, assistance, and training in self-care and group activities;</p> <p>(f) Encouragement and assistance to:</p> <p>(1) Get out of the bed and dress or be dressed in his or her own clothing; and shoes or slippers, which shall be clean and in good repair;</p> <p>(2) Use the dining room if he or she is able; and</p> <p>(3) Participate in meaningful social and recreational activities; with eating;</p> <p>(g) Prompt, unhurried assistance if he or she requires or request help with eating;</p> <p>(h) Prescribed adaptive self-help devices to assist him or her in eating independently;</p> <p>(i) Assistance, if needed, with daily hygiene, including oral care; and</p> <p>j) Prompt response to an activated call bell or call for help.</p>	L 052	<p><b>L052</b></p> <p><b>Corrective Action for the Residents Affected:</b></p> <p>Resident #186 was reassessed on 3/19/19. The resident #186 did not suffer any negative outcome.</p> <p>2. Education will be provided to the facility staff to proactively assess the care needs of residents; and to make sure residents are free of neglect.</p> <p><b>Identification of others with the Potential to be affected:</b></p> <p>All residents residing in the facility have the potential to be affected.</p> <p>1. Assistant Director of Nursing/Designee will complete house wide assessment /audit of residents to identify potential residents that facility staff failed to assess residents' care needs, and to make sure residents are free of neglect.</p> <p>2. Any Issue found will be addressed.</p> <p><b>Measures to prevent recurrence:</b></p> <p>Staff Development will provide education to the facility staff to proactively assess the care needs of residents; and to make sure residents are free of neglect.</p> <p><b>Monitoring corrective action:</b></p> <p>Assistant Director of Nursing/ Designee will complete house wide Assessment /audit of residents to identify potential resident that the facility staff failed to assess residents' care needs and free of neglect weekly times 4, then monthly times 3months. Findings will be reported to the Quality Assurance times 3months.</p>	5/17/19

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L 052	<p>Continued From page 5</p> <p>This Statute is not met as evidenced by: Based on medical record review, observation, resident, family and staff interviews, the facility's nursing staff failed: ( I ) to ensure one (1) of 68 sampled residents was free from neglect, ( II ) to honor the preferences or choices for one (1) of 68 sampled residents, and ( III ) to provide assistance with Activities of Daily Living for one (1) of 68 sampled residents. Residents #168, #201, and #223.</p> <p>Findings included...</p> <p>1. The facility's nursing staff failed to ensure Resident #186 was free from neglect, as evident below:</p> <p>Record review of the facility's policy titled "Prohibition of Abuse Administration" with a revision date of 1/19, showed "Neglect- is the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress."</p> <p>Resident# 186 was admitted to the facility on 5/21/18 with diagnoses that included: Anemia, Heart Failure, Hypertension, Alzheimer Disease, Cerebrovascular Accident and Peripheral Vascular Disease.</p> <p>Review of the Quarterly Minimum Data Set [MDS] dated 02/08/19 showed Section C-Cognitive Patterns. Brief Interview for Mental Status [BIMS] is scored as "12" which indicates cognition is moderately impaired. Section G-Functional Status [Activities of Daily Living] resident is scored as "3"</p>	L 052	<p style="text-align: center;"><b>L052</b></p> <p><b>Corrective Action for the Residents Affected:</b></p> <p>1. The affected resident #201 was reassessed on 3/21/19. Resident #201 suffered no negative outcome. 2. Education will be provided to the facility staff to honor the resident's preferences and choice of activities to support her psychosocial well-being.</p> <p><b>Identification of others with the Potential to be affected:</b> All residents residing in the facility have the potential to be affected. 1. Assistant Director of Nursing/Designee, and Director of Therapeutic Activities and Recreation/Designee will complete house wide assessment /audit of residents to identify potential residents that facility staff failed to honor the resident's preferences and choice of activities to support his/her psychosocial well-being.</p> <p><b>Measures to prevent recurrence:</b> Staff Development will provide education to the facility staff to honor the residents' preferences and choice of activities to support his/her psychosocial well-being. 2. Any Issue found will be addressed.</p>	5/17/19

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L 052	<p>Continued From page 6</p> <p>extensive assistance (resident involved in activity, staff providing weight-bearing support) for dressing, eating, toileting, and personal hygiene. G0600-Mobility devices the space is marked for wheelchair to indicate the mobility device normally used by the resident.</p> <p>Observation on 03/19/19 at 2:50 PM showed Resident# 186 sitting in a wheelchair at the dining table in the day area (resident's chair was positioned at a 45 degree angle from the dining table). Writer was sitting at the nurse's station and heard Resident# 186 repeatedly call for the assistance of Employee# 29, Certified Nursing Assistant (CNA), the resident was heard saying "Are you coming, when are you coming, how long will it take, are you coming now ? "</p> <p>Employee #29, CNA, was approximately 25 feet away from Resident #186 and the resident was in her direct sight,</p> <p>Employee #29 was observed to be in putting information into a wall computer. There was other staff observed in the dining area along with other residents seated throughout the dining area/day room. Writer was seated at the nurses' station and the unit manager was also seated at the nurses' station at the time the resident was calling for the assistance of Employee #29 after repeated calls for assistance the writer approached Resident #186, seated in a wheelchair and the resident stated "my diaper is too tight and it is paining me that is why I am calling Employee #29.</p> <p>Writer approached Employee #29, who was standing at the wall computer and asked, "did you hear the Resident #186 calling you?" Employee #29 responded yes, I was going to go to her, but we have a</p>	L 052	<p style="text-align: center;"><b>L052</b></p> <p><b>Monitoring corrective action:</b> Assistant Director of Nursing/Designee and Director of Therapeutic Activities and Recreation/Designee will complete house wide assessment /audit of residents to identify potential residents that facility staff failed to honor the residents' preferences and choice of activities to support his/her psychosocial well-being, weekly times 4, then monthly times 3 months. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly for the next 3months.</p> <p style="text-align: center;"><b>L052</b></p> <p><b>Corrective Action for the Residents Affected:</b></p> <p>1. The affected resident #223 was reassessed on 3/19/19. Activities of Daily Living were provided, and facial hair was removed from the resident's chin. Resident #223 suffered no negative outcome. 2. Education will be provided to facility staff to provide necessary services to maintain good grooming (Removal of facial hair from chin) and Activities of Daily Living for the residents.</p>	<p>5/17/19</p> <p>5/17/19</p>

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L 052	<p>Continued From page 7</p> <p>certain time to get our charting done and I had to chart, Employee #29 was told the resident is complaining of pain because her diaper is too tight.</p> <p>Writer then told the unit manager of the incident and the unit manager along with Employee #30 took the resident to her room, the writer followed, and resident restated the "diaper was too tight". Writer left the room for care to be rendered by staff (Employee #7 and Employee #30). After Employees #7 and #30 left the room, writer returned to the room and asked Resident #186 if she was in any pain the resident stated, "no not now, the diaper is okay."</p> <p>During an interview on 3/19/19 at 3:15 PM, Employee #29 stated "I was working with the Resident #186 all morning, I should have gone over to her, I heard her calling me but we have a time limit to get our charting done so I was trying to put in, I wheeled her back to the day room and pushed the wheel chair toward the dining table, but I could see her from where I was standing at the wall computer, other staff where there too."</p> <p>During an interview on 3/19/19 at 3:20 PM Employee #7 stated "I did not hear the resident but there were other staff in dining area/day room, we have staff there to monitor the residents in the dining/day area." Employee #7 provided the names of two staff that were present in the dining area/day room at the time Resident #186 was calling for the assistance of Employee #29.</p> <p>The charge nurse failed to assess and provide timely care (repeated calls for assistance) for a Resident complaining of "pain from a tight-fitting diaper."</p>	L 052	<p style="text-align: center;"><b>L052</b></p> <p><b>Identification of others with the Potential to be affected:</b> All residents residing in the facility have the potential to be affected. 1. Assistant Director of Nursing/ Designee will complete house wide assessment /audit of residents to identify potential residents that facility staff failed to provide necessary services to maintain good grooming (Removal of facial hair from chin) and Activities of Daily Living for the resident. 2. Any Issue found will be addressed.</p> <p><b>Measures to prevent recurrence:</b> Staff Development will provide education to the facility staff to provide necessary services to maintain good grooming (Removal of facial hair from chin) and Activities of Daily Living for the residents.</p> <p><b>Monitoring corrective action:</b> Assistant Director of Nursing/Designee will complete house wide assessment /audit of residents to identify potential residents that facility staff failed to provide necessary services to maintain good grooming (Removal of facial hair from chin) and Activities of Daily Living for the residents' weekly times 4, then monthly times 3 months. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly for the next 3 months.</p>	5/17/19



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L 052	<p>Continued From page 8</p> <p>During a face-to-face interview on 3/19/19 at 3:40 PM Employees #7 and #29 acknowledged the finding at the time of the observation.</p> <p>2. The facility's nursing staff failed to honor Resident #201's preferences and choice of activities to support the resident's psychosocial well-being, as evident below:</p> <p>Resident #201 was admitted to the facility on 3/7/18 with diagnoses that included: Acute Pancreatitis, Contracture of Muscle, Unspecified Atrial Fibrillation, Chronic Kidney Disease, and Dependent on Renal Disease.</p> <p>Review of the Admission Record showed the husband listed as the Resident Representative and Emergency Contact #1 and the resident's daughter is listed as the Emergency Contact #2.</p> <p>Review of the Comprehensive Minimum Data Set [MDS] dated 2/6/19, showed Section A1100 [Language] preferred language "Spanish", which indicates Spanish is resident's preferred language. A1200. Marital Status in the allocated space the code entered is "2" which indicates the resident is married. Section C [Cognitive Patterns]; Brief Interview for Mental Status resident is coded as "99" which indicates resident was unable to complete the interview. Section F [Preferences for Customary Routine and Activities, resident prefers (check all that apply) "family or significant other involvement in care discussions and listening to music" are selected.</p> <p>Observation on 03/21/19 at 1:00 PM showed the posted calendar in the resident's room was written in english. Further observation revealed that the television in the resident's room was</p>	L 052	<p><b>L091</b></p> <p><b>Corrective Action for the Residents Affected:</b></p> <p>The affected Resident # 591 was reassessed on 3/25/19. Resident suffered no negative outcome. Education will be provided to facility staff to maintain infection control practices by wearing appropriate PPE when providing Foley catheter care to a resident with VRE in the urine.</p> <p>The identified two (2) of two (2) blade guards of electrical fans in use in the clean laundry area, were cleaned on 3/20/19. Education will be provided to facility Maintenance and Housekeeping staff to ensure that electrical fans in use in the clean laundry area are always cleaned and free of dust.</p> <p>3. The identified Four (4) of four (4) exhaust vents located in the clean area of the laundry room were cleaned on 3/20/19. Education will be provided to facility Maintenance and Housekeeping staff to ensure that exhaust vents located in the clean area of the laundry room are clean and free of dust.</p> <p>4. The affected sheet pans were reassessed and corrected on 3/18/19. All sheet pans were washed, 5/23/19 rinsed and sanitized and then stored individually to dry before placing on the ready for use shelf on 3/18/2019. Education will be provided to facility staff to ensure that all sheet pans are washed, rinsed, sanitized and stored Individually to dry before placing on the ready for use shelf. No resident suffered any negative outcome.</p>	5/17/19

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L 052	<p>Continued From page 9</p> <p>playing an English speaking channel.</p> <p>Review of the care plan showed a Focus: "Frailty indicates the need for soothing bedside programs limited to subtle (visual/auditory/tactile stimulation) provide a daily chronicle in Spanish with list of scheduled activities, location and current events ...all participation will be care tracked and reviewed quarterly."</p> <p>During a family interview on 03/21/19 at 1:30 PM, the writer used an interpreter phone services to communicate with the resident's daughter. The daughter was asked if the resident received the daily chronicle written in the spanish and if the television had access to Spanish channels or music. The daughter responded, "No, I never see a spanish paper or anything, and the TV is English ask my father, is always here, and he will be here later today."</p> <p>During a family interview on 03/21/19 at 4:00 PM, the writer used interpreter phone services to communicate with the resident's husband. The husband stated, "Everything is in English. I told them the television stopped showing Spanish TV. They don't give us anything in Spanish." The resident's husband was also shown the Spanish Chronicle and he stated, "Never saw that before."</p> <p>During an interview on 3/21/19 at 4:20 PM, Employee# 6 was shown the posted calendar that was in English and he was asked about the daily Spanish Chronicle. Employee #6 stated, "My assistant gives the Spanish Chronicle to the resident every day here is a copy, and they should have the Spanish television package."</p> <p>Although Employee #6 was present during the interview with Resident #210's husband, he could</p>	L 052	<p><b>L091</b></p> <p><b>Identification of others with the Potential to be Affected:</b></p> <p>All residents residing in the facility have the potential to be affected.</p> <p>1. Assistant Director of Nursing/Designee will complete house wide assessment /audit of residents to identify potential residents that facility staff failed to maintain infection control standard of practices by falling to use appropriate personnel protective equipment (PPE) when providing Foley catheter care for resident with VRE in the urine Any issue found will be addressed.</p> <p>2.The Director of Maintenance and Director of Housekeeping services will complete house wide assessment /audit of electrical fans in use in the facility to identify potential blade guards for electrical fans in use that are soiled with dust. Any issue found will be addressed.</p> <p>3. The Director of Maintenance and Director of Housekeeping services will complete house wide assessment /audit of exhaust vents in use in the facility to identify potential exhaust vents that are soiled with dust. Any issue found will be addressed.</p> <p>4. The Food Service Director, Assistant Director and Lead Dietitian/ Designee will complete house wide assessment /audit of sheet pans to identify potential sheet pans that are stored wet on the ready for use shelf. Any issue found will be addressed.</p>	5/17/19
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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD02-0017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/26/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>DEANWOOD REHABILITATION AND WELLNESS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5000 BURROUGHS AVE. NE WASHINGTON, DC 20019</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 052	<p>Continued From page 10</p> <p>not offer any additional insight into the matter.</p> <p>On 3/21/19 at 4:30 PM Employee #28, Engineer, came to the room and he was observed to go through all the television channels multiple times and stated, "There must be a problem. No, I don't see a spanish channel. I will go and correct the problem."</p> <p>Facility staff failed to honor resident's preferences and choices of activities to support the resident's psychosocial well-being.</p> <p>During a face-to-face interview on 03/21/19 at 4:20 PM Employee# 6 acknowledged the findings.</p> <p>3. The facility's nursing staff failed to assist Resident #223 with ADL's that included the removal of facial hair from the resident's chin, as evident below:</p> <p>Resident #223 was admitted to the facility on 10/12/14. Review of Section I (Active Diagnoses) of the annual assessment dated 08/30/18 shows diagnoses which include Anemia, Heart Failure, Hypertension, Gastroesophageal Reflux Disease (GERD), Renal Insufficiency, Viral Hepatitis and Diabetes Mellitus.</p> <p>Review of Section C (Cognitive Patterns) of the quarterly Minimum Data Set (MDS) dated 01/18/19 show the resident with a BIMS (Brief Interview for Mental Status) score of 15; which indicates that the resident's cognitive ability is intact and she is able to make her own decisions. The resident is coded as a three (3) indicating that she needs extensive assistance under Section G (Functional Status). Activities of Daily Living (ADL). Which indicates that she cannot</p>	L 052	<p><b>L091</b></p> <p><b>Measures to prevent recurrence:</b></p> <ol style="list-style-type: none"> <li>1. Staff Development will provide education to facility staff to maintain infection control practices by wearing appropriate PPE when providing Foley catheter care to a resident with VRE in the urine.</li> <li>2. Staff Development will be provided to facility Maintenance and Housekeeping staff to ensure that the blade guards of the electrical fans in use in the clean laundry area are clean and free of dust.</li> <li>3. Staff Development will provide education to facility Maintenance and Housekeeping staff to ensure that exhaust vents located in the clean area of the laundry room are clean.</li> <li>4. Staff Development will provide education to facility Food and Nutrition Services to ensure that all sheet pans are washed, rinsed, sanitized and stored individually to dry before placing on the ready to use shelf.</li> </ol> <p><b>Monitoring corrective action:</b></p> <p>1 Assistant Director of Nursing/Designee will complete house wide assessment / audit of residents to identify potential residents that facility staff failed to maintain infection control standard of practices by failing to use appropriate personnel protective equipment (PPE) when providing Foley catheter care for resident with VRE; weekly times 4, then monthly times 3 months.</p>	5/17/19

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NAME OF PROVIDER OR SUPPLIER  DEANWOOD REHABILITATION AND WELLNESS	STREET ADDRESS, CITY, STATE, ZIP CODE 5000 BURROUGHS AVE. NE WASHINGTON, DC 20019
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L 052	<p>Continued From page 11</p> <p>provide her own ADL care.</p> <p>On 03/19/19 at approximately 1:21 PM the resident was observed with thick facial hair on her chin. The resident was asked whether she wanted the hair on her chin and she responded "No". The resident was asked whether she had asked anyone to remove the hair. The resident responded that she did not ask anyone to remove the hair.</p> <p>During a face-to-face interview with Employees' #10 &amp; 25 on 03/25/19 at approximately 2:30 PM both employees stated that the resident was non-compliant with care and said she wanted to keep the facial hair. However, there was no documented evidence that Resident #223's facial hair was addressed in the care plans or the progress notes. Employee #10, acknowledged the finding.</p>	L 052	<p>2. The Director of Maintenance and Director of Housekeeping services will complete house wide assessment /audit of electrical fans in use in the facility to identify potential blade guards for electrical fans in use that are soiled with dust; weekly times 4,</p> <p>3. The Director of Maintenance and Director of Housekeeping services will complete house wide assessment /audit of exhaust vents, in use in the facility to identify potential exhaust vents that are soiled with dust weekly times 4, then monthly times 3 months.</p> <p>4. The Food Service Director/Assistant Director /Dietitians will complete house wide assessment /audit of sheet pans to identify potential sheet pans that are stored wet, on a ready-for-use shelf; weekly times 3, then monthly times 3 months.</p>	
L 091	<p>3217.6 Nursing Facilities</p> <p>The Infection Control Committee shall ensure that infection control policies and procedures are implemented and shall ensure that environmental services, including housekeeping, pest control, laundry, and linen supply are in accordance with the requirements of this chapter.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on observation, medical record review and staff interview for one (1) of 68 sampled residents facility staff failed to maintain infection control standard of practice by failing to use appropriate personnel protective equipment (PPE) when providing Foley catheter care for Resident # 591 with Vancomycin-Resistant Enterococcus (VRE) in the urine and to ensure that laundry items are handled, stored, and processed in a sanitary</p>	L 091	<p>Findings will be reported to the Quality Assurance Performance Improvement Committee monthly for the next 3 months.</p> <p><b>L099</b></p> <p><b>Corrective Action for the Residents Affected:</b></p> <p>1. This deficiency was reassessed and corrected on 3/18/19. All sheet pans were washed, rinsed and sanitized then stored individually to dry before placing on the ready to use shelf. Education will be provided to facility staff to ensure that all sheet pans are washed, rinsed and sanitized, then stored individually to dry before</p>	5/17/19

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NAME OF PROVIDER OR SUPPLIER  
**DEANWOOD REHABILITATION AND WELLNESS**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**5000 BURROUGHS AVE. NE  
WASHINGTON, DC 20019**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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L 091	<p>Continued From page 12</p> <p>manner as evidenced by two (2) of two (2) soiled electrical fans, in use in the clean laundry area, four (4) of four (4) soiled exhaust vents, and fifteen of nineteen nine-inch sheet pans that were stored wet and ready for use.</p> <p>Findings included...</p> <p>According to the Center for Disease Control [CDC] Guidelines for preventing spread of VRE</p> <p>"Precautions should wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment.</p> <p>Donning gown and gloves upon room entry and discarding before exiting the patient room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination."</p> <p>Retrieved from: <a href="https://www.cdc.gov/infectioncontrol/guidelines/mdro/prevention-control.html">https://www.cdc.gov/infectioncontrol/guidelines/mdro/prevention-control.html</a></p> <p>1. Resident # 591 admitted to the facility on 3/15/19 with diagnoses which include: Malignant Neoplasm of the Prostate, End Stage Renal Disease, and Urinary Tract Infection (site not specified).</p> <p>Review of the medical record nurse practitioner note dated 3/21/19 showed " resident was admitted to the facility with a diagnosis of VRE in the urine, completed Fosfomycin (antibiotic) but hospital faxed new orders on 3/21/19 that treatment was not sensitive to Fosfomycin and to start patient on Zyvox (antibiotic) patient has Foley catheter."</p>	L 091	<p><b>L099</b></p> <p>placing on the ready to use shelf. No resident suffered any negative outcome.</p> <p>2. This deficiency was reassessed on 3/18/19 and corrected. One case of the evaporated milk with a "Best By " date of February 28,2017 was discarded and replaced with a new case of evaporated milk on 3/18/2019. No resident suffered any negative outcome. Education will be provided to facility staff to ensure that food items stored for emergency use are not expired and should constantly be checked for expiration.</p> <p>3. The facility cannot retroactively correct this deficiency. The test tray of Puree food dishes conducted on 3/20/19. No resident suffered any negative outcome. Education will be provided to ensure that food is preserved at the recommended temperature.</p> <p><b>Identification of others with the Potential to be Affected:</b> All residents residing in the facility have the potential to be affected.</p> <p>1. The Food Service Director, Assistant Director and Lead Dietitian/ Designee will complete house wide assessment /audit of sheet pans to identify potential sheet pans that are stored wet on the ready-for-use shelf. Any issue found will be addressed.</p> <p>2. The Food Service Director, Assistant Director and Lead Dietitian/ Designee will complete house wide assessment /audit of all food supplies/items stored for emergency used to identify potential food supplies/items with expired dates.</p>	5/17/19
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD02-0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/26/2019
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L 091	<p>Continued From page 13</p> <p>Review of nurse administration order note dated 3/25/19 "empty drainage bag every shift as needed (record amount on Treatment Administration Record every shift).</p> <p>Review of the care plan dated 3/18/19 showed "focus; use of indwelling urinary catheter due to disease process; interventions catheter care as medical doctor orders, provide and change as needed "dignity bag" for collection bag.</p> <p>Observation on 3/25/19 at 11:30 AM showed resident lying in bed with a Foley catheter bag concealed with a light blue covering and the bag was attached to the lower end of the resident's bed. Upon entering the resident's room writer did not observe a PPE station, or evidence gowns were being worn by staff providing care.</p> <p>During an interview on 3/25/19 at 1:00 PM, Employee# 7 was asked about the resident testing positive for VRE in the urine and how the staff provides Foley catheter care for the resident. Employee# 7 states the staff wear gloves empty the Foley bag, document the output, clean the catheter tubing and wash their hands, "should they do something else"? Employee #7 states, "no the staff do not wear gowns when they are providing Foley catheter care".</p> <p>Facility staff failed to maintain infection control practices by failing to wear PPE when providing Foley catheter care to a resident with VRE in the urine.</p> <p>During a face-to-face interview on 3/25/19 at 1:00 PM, Employee #7 acknowledged the findings.</p> <p>2. During observations in the laundry room on</p>	L 091	<p><b>L099</b></p> <p>3. The Food Service Director, Assistant Director will conduct a random assessment/audit of completed test trays to identify potential food trays that are served below required temperatures.</p> <p>Any issue found will be addressed.</p> <p><b>Measures to prevent recurrence:</b> Staff Development will provide education to facility Food and Nutrition Services to ensure that:</p> <ol style="list-style-type: none"> <li>1. All sheet pans are washed, rinsed and sanitized and stored individually to dry before placing on the ready to use shelf.</li> <li>2. All food items stored for emergency use are rotated and inspected for expired dates.</li> <li>3. Food is served at the recommended temperature.</li> </ol> <p><b>Monitoring corrective action:</b></p> <ol style="list-style-type: none"> <li>1. The Food Service Director/Assistant Director/ Dietitians will complete house wide assessment /audit of sheet pans to identify potential sheet pans that are stored wet, on a ready-to-use shelf; weekly times 3, and then monthly times 3. Findings will be reported to the Quality Assurance and Performance Improvement Committee monthly for the next 3 months.</li> <li>2. The Food Service Director, Assistant Director and Dietitians will complete house wide assessment /audit of all food supplies/items stored for emergency used to identify potential food supplies/items with expired dates weekly times 3, and then monthly times 3.</li> </ol>	5/17/19

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NAME OF PROVIDER OR SUPPLIER  DEANWOOD REHABILITATION AND WELLNESS		STREET ADDRESS, CITY, STATE, ZIP CODE 5000 BURROUGHS AVE. NE WASHINGTON, DC 20019		
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L 091	Continued From page 14  March 20, 2019, at approximately 11:00 AM, blade guards to two (2) of two (2) electrical fans, in use in the clean laundry area, were soiled with dust throughout.  This could potentially expose clean laundry, including resident's personal clothing, to scattered dust particles.  3. Four (4) of four (4) exhaust vents located in the clean area of the laundry room were soiled with dust.  4. During a walkthrough of the kitchen on March 18, 2019, at approximately 9:00 AM, Fifteen of nineteen nine-inch sheet pans were stored wet, on a ready-for-use shelf.  This practice could lead to bacterial growth on the surfaces of the sheet pans, potentially subjecting resident's meals to contamination.  During a face-to-face interview on March 20, 2019, at approximately 11:30 AM, Employee #14 acknowledged the findings.	L 091	<b>L099</b>  Findings will be reported to the Quality Assurance Performance Improvement Committee monthly for the next 3 months.  3. The Food Service Director, Assistant Director will conduct a random assessment/audit of completed test trays to identify potential food trays that are served below required temperatures weekly times 3, and then monthly times 3.  Findings will be reported to the Quality Assurance Performance Improvement Committee monthly for the next 3 months.	5/17/19
L 099	3219.1 Nursing Facilities  Food and drink shall be clean, wholesome, free from spoilage, safe for human consumption, and served in accordance with the requirements set forth in Title 23, Subtitle B, D. C. Municipal Regulations (DCMR), Chapter 24 through 40. This Statute is not met as evidenced by:  Based on observations and staff interview, facility failed to store, prepare, distribute and serve foods under sanitary conditions as evidenced by fifteen	L 099	<b>L214</b>  <b>Corrective Action for the Residents Affected:</b> 1. The affected resident room #502 was reassessed on 3/19/19. Privacy curtains to Bed (A) and (B) were detached from the electrical power cord in resident's room #502. 2. Education will be provided to the facility staff to provide an environment free from accident hazards.  <b>Identification of others with the Potential to be Affected:</b> All residents residing in the facility have the potential to be affected. 1. Director of Housekeeping/Designee will complete house wide assessment /audit of residents' rooms to identify potential residents' room privacy curtains that were attached to an electrical power cord. 2. Any issue found will be addressed.	5/17/19

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L 099	<p>Continued From page 15</p> <p>of nineteen nine-inch sheet pans that were stored wet and ready for use, one (1) of one (1) case of evaporated milk with a "Best By" date of February 2017, stored for use as emergency food, and four (4) of four (4) puree food dishes that tested at less than 140 degrees Fahrenheit (F) from the test tray.</p> <p>Findings included ...</p> <ol style="list-style-type: none"> <li>1. Fifteen of nineteen nine-inch sheet pans were stored wet, on a ready-for-use shelf.</li> <li>2. One (1) of one (1) case of evaporated milk with a "Best By" date of February 28, 2017, was stored for use as an emergency food item.</li> <li>3. Puree food dishes such as beef (129 degrees F), vegetables (119 degrees F), bread (117 degrees F) and mashed potatoes (139.6) were below 140 degrees F during a test tray assessment on March 19, 2019, at approximately 2:00 PM.</li> </ol> <p>During a face-to-face interview on March 18, 2019, at approximately 11:00 AM, Employee #13 acknowledged these findings.</p>	L 099	<p><b>L214</b></p> <p><b>Measures to prevent recurrence:</b> Staff Development will provide education to the facility staff to provide an environment free from accident hazards, by ensuring that privacy curtain are not attached to the electrical power cord in residents' rooms.</p> <p><b>Monitoring corrective action:</b> 1. Director of Housekeeping/Designee will complete house wide assessment /audit of residents' rooms to identify potential residents' room privacy curtains that were attached to an electrical power cord weekly times 4, then monthly times 3 months.</p>	5/17/19
L 214	<p>3234.1 Nursing Facilities</p> <p>Each facility shall be designed, constructed, located, equipped, and maintained to provide a functional, healthful, safe, comfortable, and supportive environment for each resident, employee and the visiting public. This Statute is not met as evidenced by: Based on observations and interview, facility</p>	L 214	<p><b>L410</b></p> <p><b>Corrective Action for the Residents Affected:</b></p> <p><b>Corrective action for the residents affected:</b> 1. Privacy curtains to Bed (A) and Bed (B) in resident room #502 identified were replaced on 3/19/17</p> <p>2. Four (4) of four (4) soiled exhaust vents located on the clean area of the laundry room were cleaned on 3/19/19.</p> <p>3. A stained ceiling tile identified in resident room #530 was replaced on 3/19/19.</p>	5/17/19



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L 214	Continued From page 16  failed to provide an environment free from accident hazards as evidenced by privacy curtains that were attached to an electrical power cord in one (1) of 56 resident's rooms.  Findings included ...  During an environmental tour of the facility on March 19, 2019, between 9:07 AM and 2:30 PM, Privacy curtains to Bed (A) and Bed (B) in resident room #502 were tied to the power cord to Bed (B) with strands of cloth, one (1) of 56 resident's rooms surveyed.  This practice presented an electrical safety hazard to residents, staff and visitors.  During a face-to-face interview on March 20, 2019, at approximately 11:30 AM, Employee #14 and Employee #15 acknowledged these findings.	L 214	<b>L410</b>  <b>Corrective Action for the Residents Affected:</b>  <b>Corrective action for the residents affected:</b> 1. Privacy curtains to Bed (A) and Bed (B) in resident room #502 identified were replaced on 3/19/17  2. Four (4) of four (4) soiled exhaust vents located on the clean area of the laundry room were cleaned on 3/19/19.  3. A stained ceiling tile identified in resident room #530 was replaced on 3/19/19.  <b>Identification of others with the potential to be affected.</b> All residents residing in the facility have the potential to be affected. An inspection was done throughout the facility by the Director of Housekeeping/Designee, and Director Maintenance/Designee to ensure that: 1. All privacy curtain in the residents rooms are intact and not torn. 2. All exhaust vents in the facility are clean 3. All ceiling tiles are without stains.  <b>Measure to Prevent Recurrence:</b> Housekeeping and maintenance Services staff will be in-serviced by Staff Development on the Importance of ensuring that all privacy curtains in the residents' rooms are intact and not torn, all exhaust vents in the facility are clean, and all ceiling tiles are without stains.	5/17/19
L 410	3256.1 Nursing Facilities  Each facility shall provide housekeeping and maintenance services necessary to maintain the exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive manner. This Statute is not met as evidenced by: Based on observations and interview, facility failed to provide housekeeping services necessary to maintain a safe, clean, comfortable environment as evidenced by torn privacy curtains in one (1) of 56 resident's rooms, four (4) of four (4) soiled exhaust vents in the Laundry area, and a stained ceiling tile in one (1) of 56 resident's rooms.  Findings included ...	L 410		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
L 410	Continued From page 17  During an environmental tour of the facility on March 19, 2019, between 9:07 AM and 2:30 PM, and on March 20, 2019, at approximately 11:00 AM, the following were observed:  1. Privacy curtains to Bed (A) and Bed (B) in resident room #502 were torn, attached to each other with pieces of cloth and tied to the power cord to Bed (B), one (1) of 56 resident's rooms surveyed.  2. Four (4) of four (4) exhaust vents located on the clean area of the laundry room were soiled with dust.  3. A stained ceiling tile was observed in resident room #530, one (1) of 56 resident's rooms surveyed.  During a face-to-face interview on March 20, 2019, at approximately 11:30 AM, Employee #14 and /or Employee #15 acknowledged these findings.	L 410	<b>L410</b>  <b>Monitoring Corrective Action:</b> Random audits will be conducted by the Director of Housekeeping/Designee, and Director Maintenance/Designee, weekly times 3, then monthly times 3. Findings will be reported to the Quality Assurance Performance Committee Monthly for the next 3 months.	5/17/19	
L 442	3258.13 Nursing Facilities  The facility shall maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This Statute is not met as evidenced by: Based on observations and staff interview, facility failed to maintain essential equipment in safe condition as evidenced by torn and worn door gaskets from two (2) of two (2) steamers in Dietary Services.  Findings included ...	L 442	<b>L442</b>  <b>Corrective Action for the Residents Affected:</b> The affected door gaskets to two (2) of two (2) steamers that were worn, torn, and damaged in the dietary services were corrected on 3/26/19  Education will be provided to the facility staff to ensure that all mechanical, electrical and patient care equipment are in safe operating condition. No resident suffered any negative outcome.	5/17/19	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD02-0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/26/2019	
NAME OF PROVIDER OR SUPPLIER  DEANWOOD REHABILITATION AND WELLNESS		STREET ADDRESS, CITY, STATE, ZIP CODE 5000 BURROUGHS AVE. NE WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 442	<p>Continued From page 18</p> <p>During a walkthrough of the kitchen on March 20, 2019, at approximately 9:00 AM, door gaskets to two (2) of two (2) steamers were worn, torn, and damaged.</p> <p>During a face-to-face interview on March 20, 2019, at approximately 11:30 AM, Employee #13 and/or Employee #14 acknowledged these findings.</p>	L 442	<p><b>L442</b></p> <p><b>Identification of others with the Potential to be Affected:</b> All residents residing in the facility have the potential to be affected. The Director of Food service will complete house wide assessment /audit of all steamers door gaskets to identify potential door gaskets that are worn, torn, and damaged. Any issue found will be addressed.</p> <p><b>Measures to prevent recurrence:</b> 1. Staff Development will provide education to Food service to ensure that all door gaskets, mechanical, electrical and patient care equipment in safe operating condition.</p> <p><b>Monitoring corrective action:</b> The Director of Food Service will complete house wide assessment /audit of all steamers door gaskets to identify potential door gaskets that are worn, torn, and damaged; weekly times 3, then monthly times 3. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly for the next 3 months.</p>	5/17/19